Pace Analytical

Section A

Required Client Information:

Company: USS Corporation Address: P.O. Box 417

Required Project Information:
Report To: Tom Moe
Copy To:

Section C
Invoice Information:
Attention:
Company Name:
Address:

Pace Quote:

vlt. iron, MN 55768

Phone:

Purchase Order #:

CHAIN-OF-CUSTODY / Analytic 10 # 1262997 PM. MMW

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heather.zika@pacelabs.com, CLIENT: USS CORP Due Date: 04/06/16

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									-							WS-003 Thickner Overflow	WS-002 Scrubber Make-Up	One Character per box. (A-Z, 0-91, -) Sample ids must be unique	SAMPLE ID			equested Due Date:	Fax:
																		Wipe Air Other Tissue	Drinking Water Water Waste Water Product Soit/Solid Oil	MATEX			-
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Pace Analytical*

Project Manager Review:

hold, incorrect preservative, out of temp, incorrect containers)

Document Name: Sample Condition Upon Receipt Form

Document No.: F-VM-C-001-Rev.09 Document Revised: 23Feb2015

Page 1 of 1 Issuing Authority:

Pace Virginia, Minnesota Quality Office

Sample Condition Client Name: Upon Receipt)55	Project #	#:	# :1262	<u>1</u> 997
Courier: Fed Ex UPS Commercial Pace Tracking Number:	USPS Other:	Client			
		 -	<i>\%\\\\</i>	2997 Sptional: Proj. Due	e Date: Proj. Name:
Custody Seal on Cooler/Box Present?	Øνο :	Seals Intact?]Yes []No [170j. Name:
Packing Material: Bubble Wrap Bubble	Bags None	e		Temp Bla	nk? ZYes No
Thermometer Used: 💋 140792808	Type of Ice	: 🗷 wet 🖺]Blue []None	☑Śamples on ice	e, cooling process has begun
Cooler Temp Read °C: Cooler Tem Temp should be above freezing to 6°C Correction F	p Corrected °C: actor: 0,3			gical Tissue Frozen? camining Contents: Comments:	□Yes □No □NA
Chain of Custody Present?	☑Yes [□No □N/A	1.		
Chain of Custody Filled Out?	7	□No □N/A	2.		
Chain of Custody Relinquished?			3.		
Sampler Name and Signature on COC?		NoN/A	4.		
Samples Arrived within Hold Time?	✓ Yes (□No □N/A	5.		
Short Hold Time Analysis (<72 hr)?	☐Yes [ZÍNO □N/A	6.		
Rush Turn Around Time Requested?	□Yes [ZNo □N/A	7.		
Sufficient Volume?]No □N/A	8.		
Correct Containers Used?	7,	NoN/A	9.		
-Pace Containers Used?	<u>/</u>	No □N/A			•
Containers Intact?	/ [∕]Yes [□No □N/A	10.		
Filtered Volume Received for Dissolved Tests?		JNo □ZÑ/A	11. Note if sedime	nt is visible in the disso	olved containers
Sample Labels Match COC?	[Z]Yes [12.		
-Includes Date/Time/ID/Analysis Matrix:	WT				
All containers needing acid/base preservation will be checked and documented in the pH logbook.	∐Yes [ONO ZÍN/A	See pH log for documentatio		litional preservation
Headspace in Methyl Mercury Container	☐Yes [JNo ØN/A	13.		
Headspace in VOA Vials (>6mm)?	☐Yes []No ∐N/A	14.		
Trip Blank Present?	□Yes []No []N/A	15.		
Trip Blank Custody Seals Present?	☐Yes {	No □N/A			
Pace Trip Blank Lot # (if purchased):					
CLIENT NOTIFICATION/RESOLUTION				Field Data Require	d? □Yes □No
Person Contacted:		D	ate/Time:		_
Commonta/Decalution					
					
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Project Manager Review: Date: Date: